

Addendum 4

Physicians Name _____ M.D. / D.O.

List all hospitals, clinic, etc., other than training (see below) where you have practiced medicine within the last five (5) years and send Addendum 4A to each. If you have more than 20 affiliations in the past 5 years, you will only be required to list and verify the last 20 affiliations. (This should include moonlighting, administrative and all locum tenens assignments.) **If you have just completed a postgraduate training program or are still in a training program, please mark “in training” on this form and submit to the Board.**

[illegible]